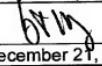
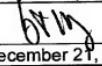
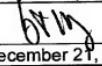


UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. VTN-570								
		First Inventor Turner								
		Title ANTIMICROBIAL LENSES AND METHODS OF THEIR USE								
		Express Mail Label No. EL691442259US								
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231								
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 38] (Preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets1]</p> <p>5. Oath or Declaration [Total Pages3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Provisional prior application No.60/309,642, filed August 2, 2001 Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p> <p>20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Ruby T. Hope at: Telephone: (732) 524-1024 Fax: (732) 524-2808</p> <p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1" style="width: 100%;"> <tr> <td>NAME</td> <td>Ruby T. Hope</td> <td>Reg. No. 34,350</td> </tr> <tr> <td>SIGNATURE</td> <td colspan="2"></td> </tr> <tr> <td>DATE</td> <td colspan="2">December 21, 2001</td> </tr> </table>		NAME	Ruby T. Hope	Reg. No. 34,350	SIGNATURE			DATE	December 21, 2001	
NAME	Ruby T. Hope	Reg. No. 34,350								
SIGNATURE										
DATE	December 21, 2001									

Jc691442259US PRO
10/02926

12/21/01

FEE TRANSMITTAL

Complete if Known	
Application Number	
Filing Date	December 21, 2001
First Named Inventor	Turner
Group Art Unit	
Examiner Name	
Attorney Docket Number	VTN-570

FEE CALCULATION**CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	52-20 =	32	x 18.00	\$576.00
INDEPENDENT CLAIMS	11 - 3 =	8	x 84.00	\$ 672.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$1,988.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/VTN-570/RH in the amount of \$1,988.00
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN-570/RH. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)	
Typed or Printed Name	Ruby T. Hope	Reg. No. 34,350	
Signature		Date: 12/21/01	Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: David C. Turner

For : ANTIMICROBIAL LENSES AND METHODS OF THEIR USE

Express Mail Certificate

"Express Mail" mailing number: EL691442259US

Date of Deposit: December 21, 2001

I hereby certify that this complete non-provisional application, including specification pages, claims, informal drawings, and unsigned Declaration, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Karen Hall-Morgan
(Typed or printed name of person mailing paper or fee)

Karen Hall-Morgan
(Signature of person mailing paper or fee)

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